STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E	. Capitol, Pierre, SD 57501-5	
1. TITLE OF NEWSPAPER Modely County		2. DATE (1-21-11
3. FREOUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	HED ANNUALLY 3B. ANNUAL SUBSCRIPTION PRICE \$ 30 + 43	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) PO Box 71 Flandreon 50 57028-0071		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
number of the state of the stat		
6. FULL NAME OF PUBLISHER: 1000 BOOK 1000 STUDE		
6. FULL NAME OF PUBLISHER: We will be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MAILING ADDRESS	
News media Corporation	PUBIX 46 Rochelle IL WUSTUYL	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
Wells France		
	AVERAGE NO. COPIES EACH	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12 MONTHS	ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	1650	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B.PAID AND/OR REQUESTED CIRCULATION		
 Sales through dealers and carriers, street vendors and counter sales. 	294	
2. Mail Subscription (Paid and or requested)	1056	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION		
(Sum of 9B1 and 9B2)	1350	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	34	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE		
COPIES	C	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1384	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	266	
2. Return from News Agents	C	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1650	
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
1.1.10 MM. 10.	Publisher	
(Signature)	(Title)	
Sworn to before methis 24 day of 5cpt, 2011		
State of South Dakota)		
County of Micelan) 8 Notary Public ,		
* Commission expires: 02/14/2012		
SOUTH DAKOTON CARE		
Form: \$035EpanyyanaseE		
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